

U.S. Office of Management and Budget
Standard Form
Washington, D.C.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9415</u>	2. Fiscal Year Covered From <u>1</u> / <u>01</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Mike Mund</u> P O Box, Bldg, Room No., if any _____ Street <u>141 Hill Street</u> City <u>Bonne Terre</u> State <u>Missouri</u> ZIP Code + 4 <u>63628</u>	4 Name, file number, and address of labor organization Name <u>UAW Local 282</u> Labor Organization File Number <u>020066</u> P O Box, Building and Room Number, if any _____ Street <u>2172 Waterford</u> City <u>Florissant</u> State <u>Missouri</u> ZIP Code + 4 <u>63033</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>6/29/05</u> Date	<u>(314) 972-0290</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Gerald KretmarTrade Name, if any Appleton, Kretmar, Beatty
& StolzeP O Box, Bldg, Room No, if any Suite 900Street 8000 Maryland AvenueCity ClaytonState Missouri ZIP Code + 4 631053911

9 Business deals with:

☒ a Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name _____

Trade Name, if any: _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a Nature of such dealing

Gerald Kretmar and his firm
represent UAW Local 282.11 b. Approximate dollar value of such dealing \$24,000.00

12 a Nature of interest held or income received

I received 4 tickets (\$37.00 per
ticket) to each of the following
St. Louis Cardinals baseball games:
April 6, 2004;
May 25, 2004;
July 7, 2004; and
September 30, 200412 b Amount \$592.00

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name, if any)

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer _____ or Consultant _____ ?

14 b. Amount of payment.